WAUNAKEE MANOR HEALTH CARE CENTER

801 KLEIN DRIVE

WAUNAKEE 53597 Phone: (608) 849-5016 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 104 Yes Number of Residents on 12/31/02: Average Daily Census: 97

| Services Provided to Non-Residents | Age, Sex, and Primary Diagn | Length of Stay (12/31/02) % |                |           |       |                                       |        |  |  |
|------------------------------------|-----------------------------|-----------------------------|----------------|-----------|-------|---------------------------------------|--------|--|--|
| Home Health Care                   | No                          | . 4 5                       | %   Age Groups |           | <br>৪ |                                       | 34.8   |  |  |
| Supp. Home Care-Personal Care      | No                          |                             |                |           |       | 1 - 4 Years                           | 41.3   |  |  |
| Supp. Home Care-Household Services | No                          | Developmental Disabilities  | 1.1            | Under 65  | 3.3   | More Than 4 Years                     | 23.9   |  |  |
| Day Services                       | No                          | Mental Illness (Org./Psy)   | 21.7           | 65 - 74   | 9.8   |                                       |        |  |  |
| Respite Care                       | Yes                         | Mental Illness (Other)      | 33.7           | 75 - 84   | 27.2  |                                       | 100.0  |  |  |
| Adult Day Care                     | No                          | Alcohol & Other Drug Abuse  | 0.0            | 85 - 94   | 41.3  | * * * * * * * * * * * * * * * * * * * | *****  |  |  |
| Adult Day Health Care              | No                          | Para-, Quadra-, Hemiplegic  | 2.2            | 95 & Over | 18.5  | Full-Time Equivaler                   | nt     |  |  |
| Congregate Meals                   | No                          | Cancer                      | 4.3            |           |       | Nursing Staff per 100 Residents       |        |  |  |
| Home Delivered Meals               | No                          | Fractures                   | 19.6           |           | 100.0 | (12/31/02)                            |        |  |  |
| Other Meals                        | No                          | Cardiovascular              | 12.0           | 65 & Over | 96.7  |                                       |        |  |  |
| Transportation                     | No                          | Cerebrovascular             | 5.4            |           |       | RNs                                   | 8.8    |  |  |
| Referral Service                   | No                          | Diabetes                    | 0.0            | Sex       | 용     | LPNs                                  | 7.1    |  |  |
| Other Services                     | No                          | Respiratory                 | 0.0            |           |       | Nursing Assistants,                   |        |  |  |
| Provide Day Programming for        |                             | Other Medical Conditions    | 0.0            | Male      | 20.7  | Aides, & Orderlies                    | 31.0   |  |  |
| Mentally Ill                       | No                          |                             |                | Female    | 79.3  |                                       |        |  |  |
| Provide Day Programming for        |                             |                             | 100.0          |           |       |                                       |        |  |  |
| Developmentally Disabled           | No                          |                             |                |           | 100.0 |                                       |        |  |  |
| *********                          | ****                        | ******                      | *****          | ******    | ***** | ******                                | ****** |  |  |

## Method of Reimbursement

|                    |      | Medicare |                     |     | edicaid<br>itle 19 |                     |     | Other |                     | ]   | Private<br>Pay | :                   |     | amily<br>Care |                     |     | anaged<br>Care |                     |                         |       |
|--------------------|------|----------|---------------------|-----|--------------------|---------------------|-----|-------|---------------------|-----|----------------|---------------------|-----|---------------|---------------------|-----|----------------|---------------------|-------------------------|-------|
| Level of Care      | No.  | 90       | Per<br>Diem<br>(\$) | No. | 90                 | Per<br>Diem<br>(\$) | No. | 0/0   | Per<br>Diem<br>(\$) | No. | olo            | Per<br>Diem<br>(\$) | No. | 00            | Per<br>Diem<br>(\$) | No. | olo            | Per<br>Diem<br>(\$) | Total<br>Resi-<br>dents | of    |
| Int. Skilled Care  | 0    | 0.0      | 0                   | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Skilled Care       | 12   | 100.0    | 333                 | 38  | 97.4               | 111                 | 0   | 0.0   | 0                   | 39  | 95.1           | 160                 | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 89                      | 96.7  |
| Intermediate       |      |          |                     | 1   | 2.6                | 92                  | 0   | 0.0   | 0                   | 1   | 2.4            | 150                 | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 2                       | 2.2   |
| Limited Care       |      |          |                     | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 1   | 2.4            | 150                 | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 1                       | 1.1   |
| Personal Care      |      |          |                     | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Residential Care   |      |          |                     | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Dev. Disabled      |      |          |                     | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Traumatic Brain In | j 0  | 0.0      | 0                   | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Ventilator-Depende | nt 0 | 0.0      | 0                   | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Total              | 12   | 100.0    |                     | 39  | 100.0              |                     | 0   | 0.0   |                     | 41  | 100.0          |                     | 0   | 0.0           |                     | 0   | 0.0            |                     | 92                      | 100.0 |

WAUNAKEE MANOR HEALTH CARE CENTER

| *******                        | ***** | *******              | *****         | *****  | ******            | ******                  | ******    |
|--------------------------------|-------|----------------------|---------------|--------|-------------------|-------------------------|-----------|
| Admissions, Discharges, and    |       | Percent Distribution | of Residents' | Condit | ions, Services, a | and Activities as of 12 | /31/02    |
| Deaths During Reporting Period |       |                      |               |        |                   |                         |           |
|                                |       |                      |               |        | % Needing         |                         | Total     |
| Percent Admissions from:       |       | Activities of        | %             | As     | sistance of       | % Totally               | Number of |
| Private Home/No Home Health    | 2.1   | Daily Living (ADL)   | Independent   | One    | Or Two Staff      | Dependent               | Residents |
| Private Home/With Home Health  | 2.1   | Bathing              | 0.0           |        | 80.4              | 19.6                    | 92        |
| Other Nursing Homes            | 2.1   | Dressing             | 12.0          |        | 66.3              | 21.7                    | 92        |
| Acute Care Hospitals           | 85.0  | Transferring         | 21.7          |        | 62.0              | 16.3                    | 92        |
| Psych. HospMR/DD Facilities    | 0.0   | Toilet Use           | 12.0          |        | 58.7              | 29.3                    | 92        |
| Rehabilitation Hospitals       | 1.1   |                      |               |        |                   | 17.4                    | 92        |
| Other Locations                | 7.5   | ******               | *****         | *****  | *****             | *****                   | *****     |
| Total Number of Admissions     | 187   | Continence           |               | 용      | Special Treatme   | ents                    | 90        |
| Percent Discharges To:         |       | Indwelling Or Extern | al Catheter   | 2.2    | Receiving Res     | piratory Care           | 8.7       |
| Private Home/No Home Health    | 17.7  | Occ/Freq. Incontinen | t of Bladder  | 87.0   | Receiving Tra     | cheostomy Care          | 1.1       |
| Private Home/With Home Health  | 15.1  | Occ/Freq. Incontinen | t of Bowel    | 73.9   | Receiving Suc     | tioning                 | 0.0       |
| Other Nursing Homes            | 2.1   |                      |               |        | Receiving Ost     | omy Care                | 4.3       |
| Acute Care Hospitals           | 28.1  | Mobility             |               |        | Receiving Tub     | e Feeding               | 2.2       |
| Psych. HospMR/DD Facilities    | 0.0   | Physically Restraine | d             | 7.6    | Receiving Mec     | hanically Altered Diet  | s 76.1    |
| Rehabilitation Hospitals       | 0.0   |                      |               |        |                   |                         |           |
| Other Locations                | 13.5  | Skin Care            |               |        | Other Resident    | Characteristics         |           |
| Deaths                         | 23.4  | With Pressure Sores  |               | 3.3    | Have Advance      | Directives              | 93.5      |
| Total Number of Discharges     |       | With Rashes          |               | 4.3    | Medications       |                         |           |
| (Including Deaths)             | 192   |                      |               |        | Receiving Psy     | choactive Drugs         | 82.6      |

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

\*

| ***************************************            |          |                                |       |              |       |       |         |       |        |  |  |
|--|----------|--------------------------------|-------|--------------|-------|-------|---------|-------|--------|--|--|
|  |          | Ownership:<br>This Proprietary |       |              | Size: |       | ensure: |       |        |  |  |
|  | This     |                                |       | tary 100-199 |       | Ski   | lled    | Al    | 1      |  |  |
|  | Facility | Peer                           | Group | Peer         | Group | Peer  | Group   | Faci  | lities |  |  |
|  | 9        | 90                             | Ratio | ଚ            | Ratio | olo   | Ratio   | olo   | Ratio  |  |  |
| Occupancy Rate: Average Daily Census/Licensed Beds | 93.3     | 84.7                           | 1.10  | 85.7         | 1.09  | 85.3  | 1.09    | 85.1  | 1.10   |  |  |
| Current Residents from In-County                   | 94.6     | 81.6                           | 1.16  | 81.9         | 1.16  | 81.5  | 1.16    | 76.6  | 1.23   |  |  |
| Admissions from In-County, Still Residing          | 16.6     | 17.8                           | 0.93  | 20.1         | 0.83  | 20.4  | 0.81    | 20.3  | 0.82   |  |  |
| Admissions/Average Daily Census                    | 192.8    | 184.4                          | 1.05  | 162.5        | 1.19  | 146.1 | 1.32    | 133.4 | 1.45   |  |  |
| Discharges/Average Daily Census                    | 197.9    | 183.9                          | 1.08  | 161.6        | 1.23  | 147.5 | 1.34    | 135.3 | 1.46   |  |  |
| Discharges To Private Residence/Average Daily Cens | sus 64.9 | 84.7                           | 0.77  | 70.3         | 0.92  | 63.3  | 1.03    | 56.6  | 1.15   |  |  |
| Residents Receiving Skilled Care                   | 96.7     | 93.2                           | 1.04  | 93.4         | 1.04  | 92.4  | 1.05    | 86.3  | 1.12   |  |  |
| Residents Aged 65 and Older                        | 96.7     | 92.7                           | 1.04  | 91.9         | 1.05  | 92.0  | 1.05    | 87.7  | 1.10   |  |  |
| Title 19 (Medicaid) Funded Residents               | 42.4     | 62.8                           | 0.68  | 63.8         | 0.66  | 63.6  | 0.67    | 67.5  | 0.63   |  |  |
| Private Pay Funded Residents                       | 44.6     | 21.6                           | 2.07  | 22.1         | 2.01  | 24.0  | 1.86    | 21.0  | 2.12   |  |  |
| Developmentally Disabled Residents                 | 1.1      | 0.8                            | 1.36  | 0.9          | 1.18  | 1.2   | 0.92    | 7.1   | 0.15   |  |  |
| Mentally Ill Residents                             | 55.4     | 29.3                           | 1.89  | 37.0         | 1.50  | 36.2  | 1.53    | 33.3  | 1.66   |  |  |
| General Medical Service Residents                  | 0.0      | 24.7                           | 0.00  | 21.0         | 0.00  | 22.5  | 0.00    | 20.5  | 0.00   |  |  |
| Impaired ADL (Mean)                                | 50.4     | 48.5                           | 1.04  | 49.2         | 1.03  | 49.3  | 1.02    | 49.3  | 1.02   |  |  |
| Psychological Problems                             | 82.6     | 52.3                           | 1.58  | 53.2         | 1.55  | 54.7  | 1.51    | 54.0  | 1.53   |  |  |
| Nursing Care Required (Mean)                       | 12.5     | 6.8                            | 1.85  | 6.9          | 1.81  | 6.7   | 1.85    | 7.2   | 1.74   |  |  |
|  |          |                                |       |              |       |       |         |       |        |  |  |